

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	YH	249	
O.I.P.E. CLASSIFIER			13-01
FORMALITY REVIEW		70622	12-7-58

INDEX OF CLAIMS

<input checked="" type="checkbox"/>	Rejected	N	Non-elected Interference
<input type="checkbox"/>	Allowed	I	Interference
<input checked="" type="checkbox"/>	(Through numeral)... Canceled	A	Appeal
<input checked="" type="checkbox"/>	Restricted	O	Objected

Claim	Examiner	Date
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If more than 150 claims or 10 actions
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